

State of Connecticut Department of Public Safety Division of State Police

| DPS-90-C (Rev. 04/03) C | RIMINA | AL INFOR | RMATION SUI | MMARY | | DDITION | IAL PAGES |
|---|--------------------|-----------------|--|------------------|-------------|---------------|--------------|
| TROOP/UNIT: | OTH | ER INVOLVE | D AGENCY: N | O X YES, | -01 | I | WIET MUES |
| 272.7 201 | | TROOPER/OFF | DID | CASE NUMBER: | 7 | | |
| 9/22/05 1749 LOCATION OF INCIDENT (STREET NAME A | | oy #1310 | . 1 05 | -046488 | | | |
| Northwest Airlines Gate | | | national Air | port: Win | dent | Lock | s C+ |
| | | | | I | abor | DOCK | 5 66. |
| SUMMARY OF INCIDENT OR AFFIDAVIT: CSP received a call from | | ARREST MA | | ESTIGATION | ccon | GOT L | ho had |
| missed his flight, but w | hose ba | ggage had | been loaded | on the p | lane | stati | no nau |
| "what if there was a bom | b in my | bag" The | aircraft wa | s returne | d to | the o | gate |
| and members of the CSP B | omb squ | ad search | and cleared | the bag | in q | uesti | on. |
| flight departed W/O any victima DO NOT DENTIFY ANY JUVENILE I | further YNAMEOR | incident | subject wa | s arreste | d. | ACET DI D | Ole Peners |
| NAME / BUSINESS / AGENCY: DM L | F ADDR | ESS: (TOWN/CIT | TESTATE ONLY) | C IN AND PANELS | | NILE: | INJURED: |
| Northwest Airlines | | | | YES | | ☐ YES ☐ NO | |
| NAME / BUSINESS / AGENCY: UM [| F ADDRI | ESS: (TOWN/CIT | Y&STATE ONLY | | AG | | INJURED: |
| | | | | JUVENILE; | | ☐ YES | |
| The F | 15 (550) | mon doorwallow | | | -AG | | Пио |
| NAME / BUSINESS / AGENCY: | JE ADDR | ESS: (TOWN/CIT | T&STATE ONLY) | | | NILE: YES | INJURED: |
| · · · · · · · · · · · · · · · · · · · | | | | *. | AC | F. | □NO |
| ARRESTED: (DO NOT IDENTIFY ANY JUYENIII NAME: | M D F | OR ADDRESS- III | ADDRESS: | TILE" IN THE NAM | E FIELD | & "AGE" II | V DOB FIELD) |
| Mahmoud Abouelleil | | 11/18/36 | 12 Bitters | West In | Farm | ingto | n C+ |
| CHARGES: | COURT: | | BOND: 8 | weet hir. | r arm | INJURE | |
| 1. Falsely reporting an | GA: 13 | | CASIL XX NON-SURETY | SURETY | RETY D YES | | NO NO |
| 2. Incident 3 53a-180 | TOWNEnfield | | XXNON-SURETY WPTA AMOUNTS: 1000.00 | | | AMBULANCE: | |
| 3. 53a-180 4. | TOWNER | | ☐ TO BE PRESENTED | AT COURT | | HOSPIT | AL |
| ۹. | DATE: 10 | /4/05 | TRANS TO DEPT O | F CORRECTION | S@: | | |
| NAME: | M DF | DOB: | ADDRESS: | -80 | > | | |
| | 1 | | | | | | |
| CHARGES: | COURT: | | BOND: | ☐ SURETY | | INJURE VES | D: |
| 2. | J. | | ☐ NON-SURETY | WPTA | | AMBUL | ANCE: |
| 3. | TOWN: | | AMOUNT 5: TO BE PRESENTED | ATCOINT | | HOSPIT | NO NO |
| 4. | NATE. | * | TRANS TO DEPT O | F CORRECTION | RECTIONS @: | | |
| NAME: | DATE: | DOB: | ADDRESS: | · t · | | | |
| NAME: | | DOB. | ADDIKESS; | £. | | | |
| CHARGES: | COURT: | | BOND: | | _ | INJURE | D: |
| 1. | GA: | | CASH | SURETY | | 1 YES | D NO |
| 2. | | | ☐ NON-SURETY AMOUNT'S: | □ WPTA | | AMBUL. | ANCE: |
| 3. | TOWN: | | TO BE PRESENTED | AT COURT | HOSPITAL | | |
| 4. | DATE: | | ☐ TRANS TO DEPT O | F CORRECTION | IS @: | | 97. |
| NAME: | M DF | DOB: | ADDRESS: | | | | |
| | | | | | | | |
| CHARGES: | COURT: | | BOND; | | | INJURE | |
| 1. | GA: | | CASII . NON-SURETY | ☐ SURETY | | AMBUL. | ANCE: |
| 2. | TOWN: | | AMOUNT'S: . | | | ☐ YES | O NO |
| 4. | | | ☐ TO BE PRESENTED ☐ TRANS TO DEPT C | DAT COURT | 15 @- | HOSPIT | AL. |
| | DATE: | | | CORRECTION | - E. | L: | |
| SUPERVISOR'S APPROVAL REQUIRED. THIS INFORMATION IS BEING R | INITIAL | S: HS | 10 #: 130 | DA | TE: | 9/22/ | 05 |
| FOR ADDITIONAL INFORMATION ON MAJOR | CRIMES OR A | ARRESTS, CONTAC | CT THE CONNECTICUT ST AX: 860-685-8301 TO B | ATE POLICE PUBL | AC INFO | RMATION | OFFICE. |